MAXIMUS Federal Services

Case Number:	CM15-0003665		
Date Assigned:	01/14/2015	Date of Injury:	02/15/2012
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female, who sustained an industrial injury on February 15, 2012. The diagnoses have included long term use meds, lumbar disc displacement without myelopathy, cervical disc displacement, sprain/strain thoracic region and spondylosis lumbosacral without myelopathy. Treatment to date has included Magnetic resonance imaging of cervical spine on June 16, 2014 revealing C5-C6 moderate central canal stenosis, C3-C4 mild to moderate right and milder left foraminal stenosis and C4-C5 mild central canal and left foraminal stenosis, Magnetic resonance imaging of left shoulder on May 23, 2013 which revealed postoperative change in the subacromial space and along rotator cuff, rotator cuff tendinosis with evidence of partial articular surface disruption and fraying of the supraspinatus tendon. A small transmureal tear at the anterior tendinosis insertion cannot be excluded, supraspinatus infraspinatus and subscapular is muscle atrophy, mild to moderate glenohumeral arthrosis, mild to moderate AC joint arthrosis with type II acromion and blunting and degeneration of the superior posterior labrum, functional restoration program, electromyogram of left upper extremity, physiotherapy, cortisone injections to her left shoulder, physical therapy, oral medications and home exercise program . Currently, the injured worker complains of neck, back and left should pain. December 30, 2014 Utilization Review non-certified a Magnetic resonance imaging left shoulder noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 19, 2014, the injured worker submitted an application for IMR for review of Magnetic resonance imaging left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-219.

Decision rationale: The MTUS Guidelines support the use of MRI imaging when the worker is a surgical candidate and there are signs and symptoms of a rotator cuff injury, a labral tear in the shoulder, adhesive capsulitis if the diagnosis is unclear, tumor, or an infection involving the shoulder or when surgery is being considered for another specific anatomic shoulder problem. The submitted and reviewed documentation concluded the worker was suffering from left shoulder impingement. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the left shoulder is not medically necessary.